Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935

Madison, WI 53708-8935

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Madison, WI 53705 E-Mail: dsps@wisconsin.gov Website: http://dsps.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

WALL CERTIFICATE WITH WALLET CARD OR GOVERNOR-SIGNED WALL CERTIFICATE REQUEST FORM

CUSTOMER INFORMATION:	(Please allow / to 1	0 business days for p	processing.)	
Name of Credential/License Holder:				
Credential/License Number(s):				
Profession(s):				
	ON.	TV N C . 100 .		
REQUIRED PAYMENT INFORMATION: Mark the appropriate box(es) to indicate type of certificate:		Wall Certificate w	CONTRACTOR	Governor Signed Certificate
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Governor Signed Wall Certificate (\$10.00 per certificate)				
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☐ Indicate Specialty to be Printed (if any)				
Note: Not all specialties are available for	printing. These certifica	tes may be printed in	the same format f	rom your personal computer.
Required Information for Processing: Ye	ou must provide a mailing	g address and a dayti	me phone number.	
Name of Card Holder:				
☐ Same as Customer listed above.				
Address to send certificate(s):				
(street, city, state, and zip)				
Daytime Phone Number:	-			
Email Address:				
		Done	S. t	14. Januari I. amang Patal
TOTAL AMOUNT TO CHARGE: \$				l to charge the amount listed. cause delays in processing.
Cardholder's Address:				
(street)	(city)		,	ate) (zip code)
Credit Card Number:		Ex	piration Date:	
	-			
			For	n Dagainting Durmagag
For Receipting Purposes Security Code: (please list)				
Cardholder, Maner				
Cardholder Name Removes towards towards towards code Security code Security	security code			
VISA 22/03 as CARSHOLDER NAME				
I understand by signing below, I authorize the State of Wisconsin Department of Safety				
and Professional Services to charge my credit card for the above amount and a 2% convenience fee assessed at the time of processing.				
Cardholder's Signature:				

DSPS uses RightFax to ensure safe and secure transmission of your payment information.